

248545

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Request for Extension to  
Comply with order from  
provided care transportation  
Services

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: 2013-354-T

If this is your first time filing an application with the PSC, you will not  
have a Docket Number. The Commission will assign one to you. If you  
have filed with the Commission before, a Docket Number was assigned  
and should be entered above.

(Please type or print)

Submitted by: Travis Dogan  
Address: 217 E. Stone Ave  
Suite 14  
Greenville, SC 29609

Telephone: (864) 200-2796  
Fax: (864) 569-0173  
Other: \_\_\_\_\_  
Email: providedcareinhome.services@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application – Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application – Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application – Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application – Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input checked="" type="checkbox"/> Request for Extension to Comply with Order  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

REQUEST FOR EXTENSION TO COMPLY WITH ORDER (ORS Rev 3-2-10)

<b>File the original with:</b>  <b>Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199</b>	<b>Mail or fax a copy to:</b>  <b>S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815</b>
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DATE: 1/22/2014

The S.C. Public Service Commission issued a Certificate of Public Convenience and Necessity in Order # 2013 - 704 dated 1/18/14 for the following type of certificate:

☐ Class C Taxi    ☐ Class C Charter    ☐ Class C Charter Bus    ☒ Class C Non-Emergency  
☐ Class C Stretcher Van

Pursuant to that Order, the following carrier was given ninety (90) days from the date of the Order to comply with the requirements of certification.

Please consider this as a request for an extension until 09/30/2014 to allow the following carrier to come into compliance.  
(DATE)

**EXTENSIONS ARE NOT EFFECTIVE UNTIL APPROVED BY THE PUBLIC SERVICE COMMISSION.**

provided care transportation Services  
(Name of Company) D/B/A \_\_\_\_\_

(if applicable)

217 E. Stone Ave Suite 14  
(Street Address)

(Mailing Address, City, State, Zip)

Greenville, SC 29609  
(City, State, Zip Code)

Travis Dogan  
(Signature)

(864) 200-2796  
(Telephone Number)

Travis Dogan  
(Title) Owner, President, etc.

**Reason for Request for Extension to comply with PSC Order:**

Needed more time to finish all the needs of  
the inspection